



Pediatric Clinic
PATIENT visit documentation
GYM EXCUSE

Name of Patient: _____

Diagnosis _____

This child was home for medical problems from _____ to _____.

This child is now able to return to school and is not contagious.

Physical education:

- ☐ This child can participate in all age appropriate sports and activities, OR
☐ This child should have limited physical activity with the following instructions:

☐ No gym for _____ days.

Thank you.

Physician's Signature: _____ Date: _____

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